BEST AVAILABLE COPY SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. IND. DEP. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP.

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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William Kingan

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